The **GO** Godalming Association **MEMBERSHIP FORM**

Please complete in block capitals and return to The Membership Secretary, The Go Godalming Association, c/o High Down, South Munstead Lane, Godalming GU8 4AG Email: membership@gogodalming.org.uk

Name:		
Business or Organisation	n (if appropriate):	
Address:		
		hone:
Email Address:		
☐ I enclose £10 for bus☐ I enclose £5 for each☐ I am setting up a new	iness/organisation me h individual members	mbership <u>OR</u> hip <u>OR</u>
Signed:		Date:
*** If you wish to set up a sta	when sending the membe	ne or internet banking, please use the rship form above.
	NEW STANDING OF capitals and return with you (please do not send direct	ur subscription form to the above address
Name of account		Account number:
Bank:		Sort Code:
Branch Address		
		Post Code
Please pay to: The Go	Godalming Associat	ion: Lloyds, Godalming
Sort Code: 30-93-49	Account number	r: 00865437
Amount of Payment: £	(in words)	pounds
Date of first payment: i payment is due on the 1 Jan		orm is dated after 1 September, the first
Date of subsequent page	yments: annually on t	he 1 January until further notice.
Instruction to the payir	ng bank: Please quote	e the customer's name.
Signed:		Date: